

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



Sgt. Jenkins  
Staton Correctional Facility  
PO Box 56  
Elmore, AL 36025

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
x Angela Thorne ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Angela Thorne C. Date of Delivery 11/8/06
- Delivery address different from item 1? ☐ Yes  
Enter delivery address below: ☐ No

3. Service Type
- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service)

7005 1820 0002 3461 2656

PS Form 3811, February 2004

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

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Webb, Staton Health Care Unit  
Correctional Facility  
x 56  
AL 36025

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
x Angela Thorne ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Angela Thorne C. Date of Delivery 11/8/06
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type
- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service)

7005 1820 0002 3461 2588

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.



Levan Thomas, Warden  
Staton Correctional Facility  
PO Box 56  
Elmore, AL 36025

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
x Angela Thorne ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Angela Thorne C. Date of Delivery 11/8/06
- Delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service)

7005 1820 0002 3461 2557

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540